

Racial Disparities in Antibiotic Prescribing for Children

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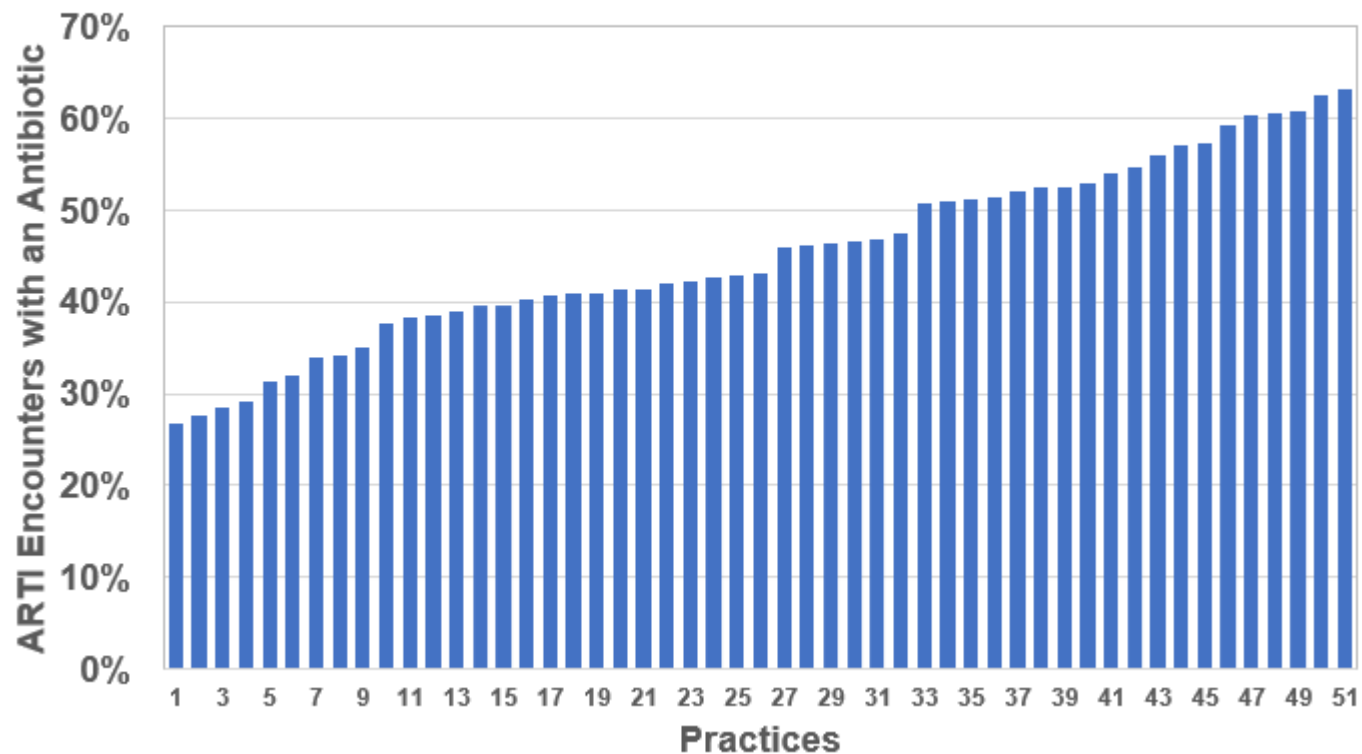
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Antibiotic use in children

- Antibiotics = most common medications prescribed to children
- Acute respiratory tract infections account for >70%
 - **sometimes** warrant antibiotics
 - ear, sinus, throat infections
 - **never** warrant antibiotics
 - colds, bronchiolitis, acute bronchitis
- About half are inappropriate
 - no drug, wrong drug, too many days



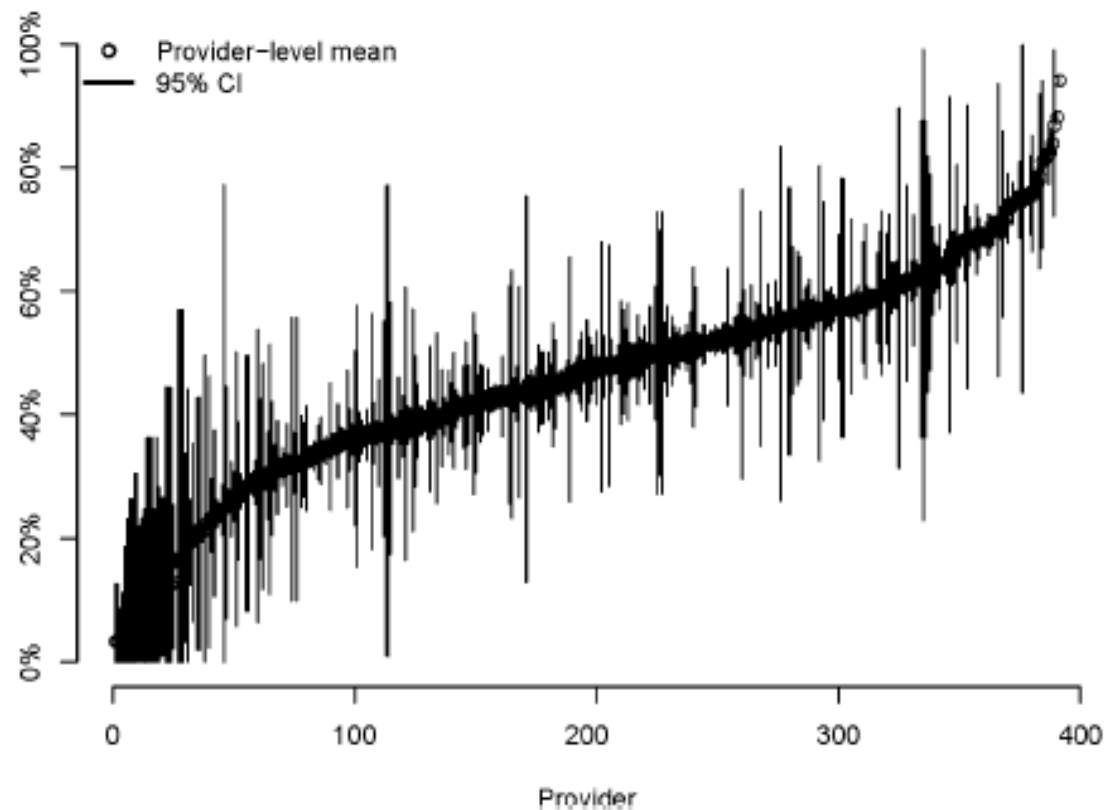
ARTI Diagnoses receiving Antibiotic Prescriptions, by Site



Antibiotic Prescribing Variability in a Large Urgent Care Network: A New Target for Outpatient Stewardship

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Racial Differences in Antibiotic Prescribing by Primary Care Pediatricians

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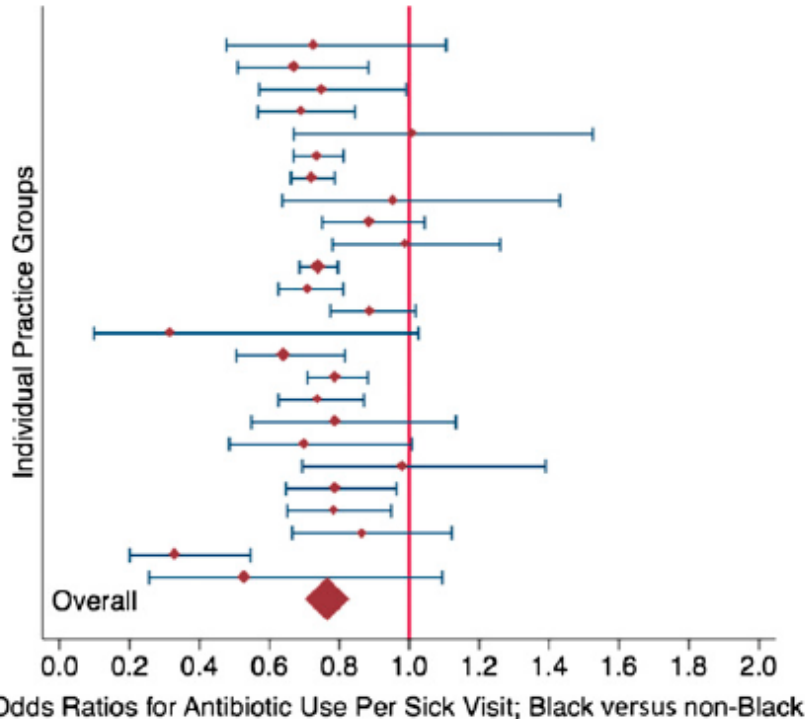
- > 200,000 patients
- > 60,000 Black patients
- > 600,000 visits
- > 200 clinicians

TABLE 2 Within-Clinician Antibiotic Prescribing Rate by Patient Race

Antibiotic Prescribing ^a (n) ^b	OR, Black versus Nonblack (95% CI) ^c	P Value	Standardized Probability % (95% CI) ^d	
			Black	Nonblack
Overall (363 049)	0.75 (0.72–0.77)	<.001	23.5 (22.5–24.5)	29.0 (28.1–30.0)
Broad-spectrum (81 056)	0.88 (0.82–0.93)	<.001	34.0 (31.5–36.5)	36.9 (34.8–39.0)
Broad-spectrum, AOM (37 701)	0.75 (0.68–0.83)	<.001	31.7 (28.6–34.8)	37.8 (35.6–40.0)
Broad-spectrum, GAS (7964)	0.89 (0.61–1.32)	.567	7.5 (4.6–10.4)	8.3 (6.7–10.0)
Broad-spectrum, sinusitis (9863)	0.97 (0.84–1.11)	.661	44.0 (38.5–49.4)	44.7 (40.6–48.8)
Broad-spectrum, pneumonia (3038)	1.00 (0.71–1.40)	.953	17.2 (12.3–22.1)	17.1 (13.7–20.4)

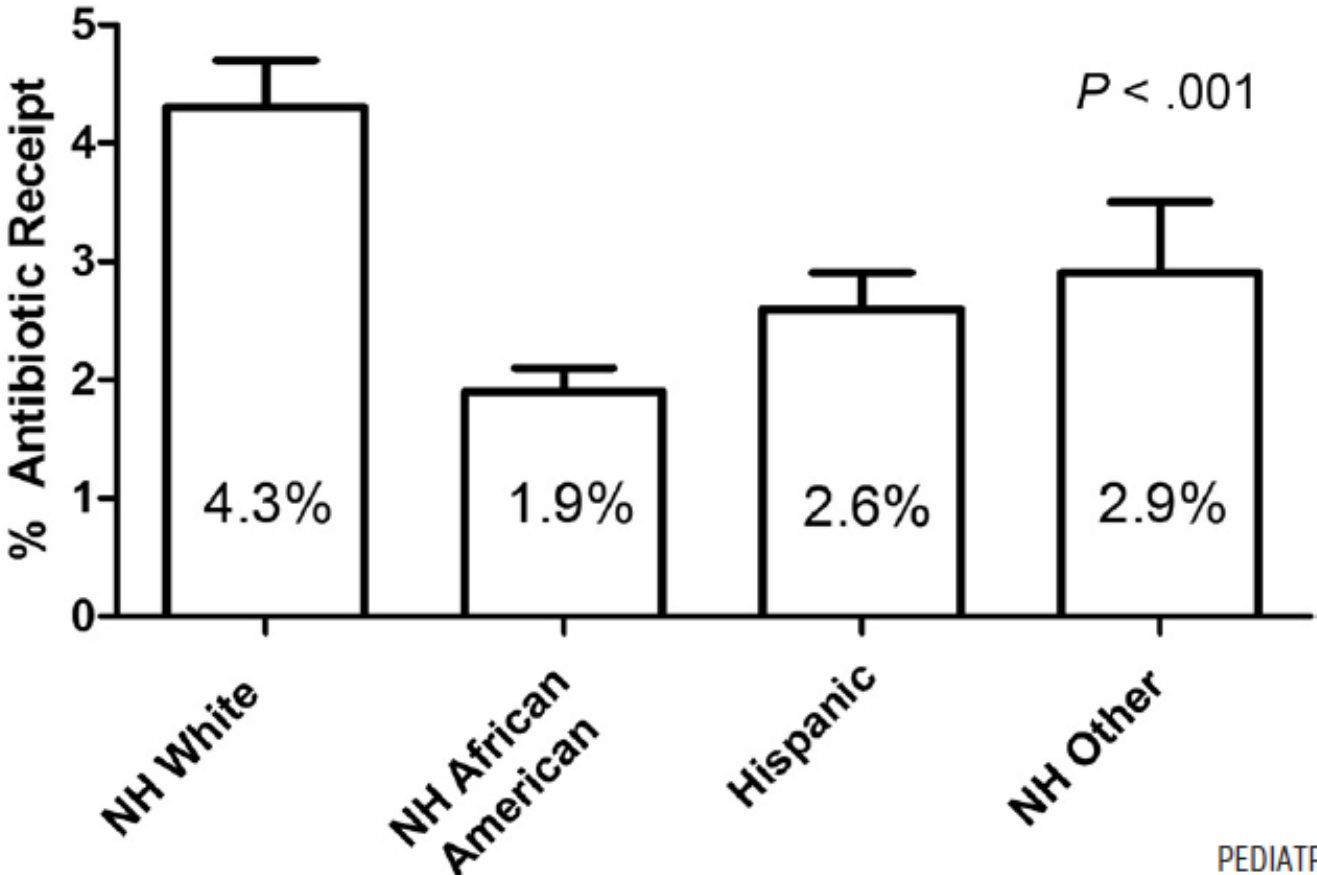
TABLE 3 Within-Clinician Diagnosis Rate of Common Pediatric Conditions, by Patient Race

Diagnosis ^a	OR, Black versus Nonblack (95% CI) ^b	P Value	Standardized Probability, % (95% CI) ^c	
			Black	Nonblack
AOM	0.79 (0.75–0.82)	<.001	8.7 (8.2–9.2)	10.7 (10.3–11.2)
Sinusitis	0.79 (0.73–0.86)	<.001	3.6 (3.1–4.0)	4.4 (4.1–4.8)
GAS pharyngitis	0.60 (0.55–0.66)	<.001	2.3 (2.1–2.5)	3.7 (3.5–3.8)
Pneumonia	1.0 (0.89–1.1)	.808	1.3 (1.1–1.4)	1.3 (1.1–1.4)
UTI	1.0 (0.93–1.1)	.725	1.7 (1.7–1.8)	1.7 (1.6–1.8)



Racial and Ethnic Differences in Antibiotic Use for Viral Illness in Emergency Departments

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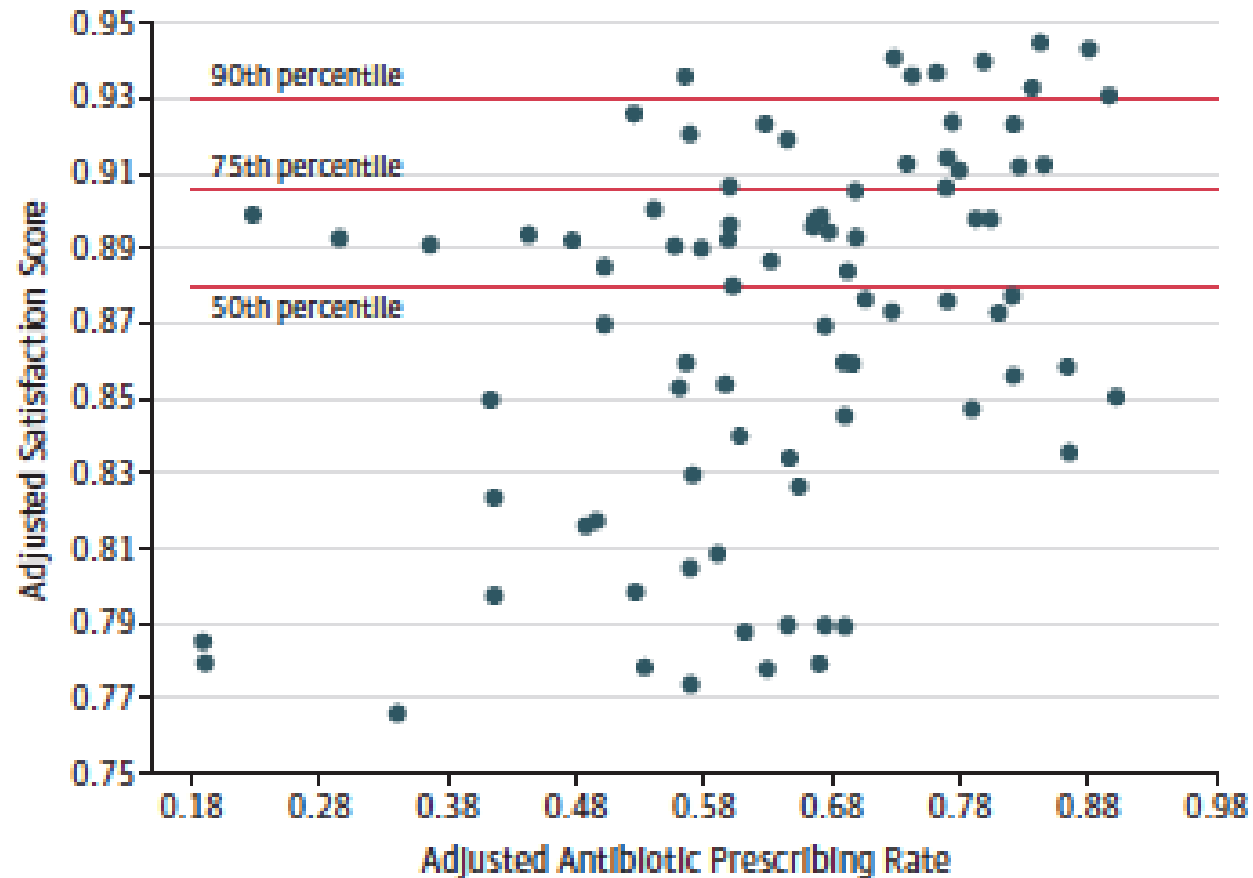
Telemedicine

Virtual care should achieve:

- safety and effectiveness that is comparable to traditional care
- improve efficiency without increasing costs
- respect patient preferences and values **without exacerbating health care disparities**
- accessing virtual care requires internet access, a smartphone or computer, digital literacy, and health insurance

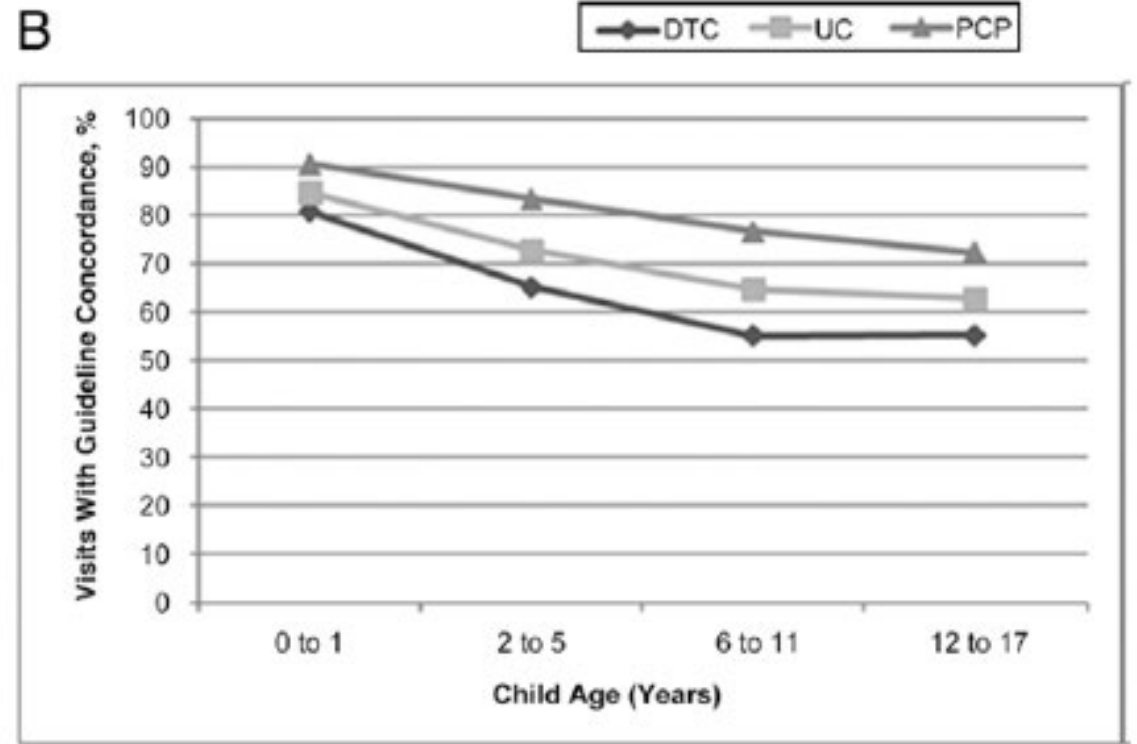
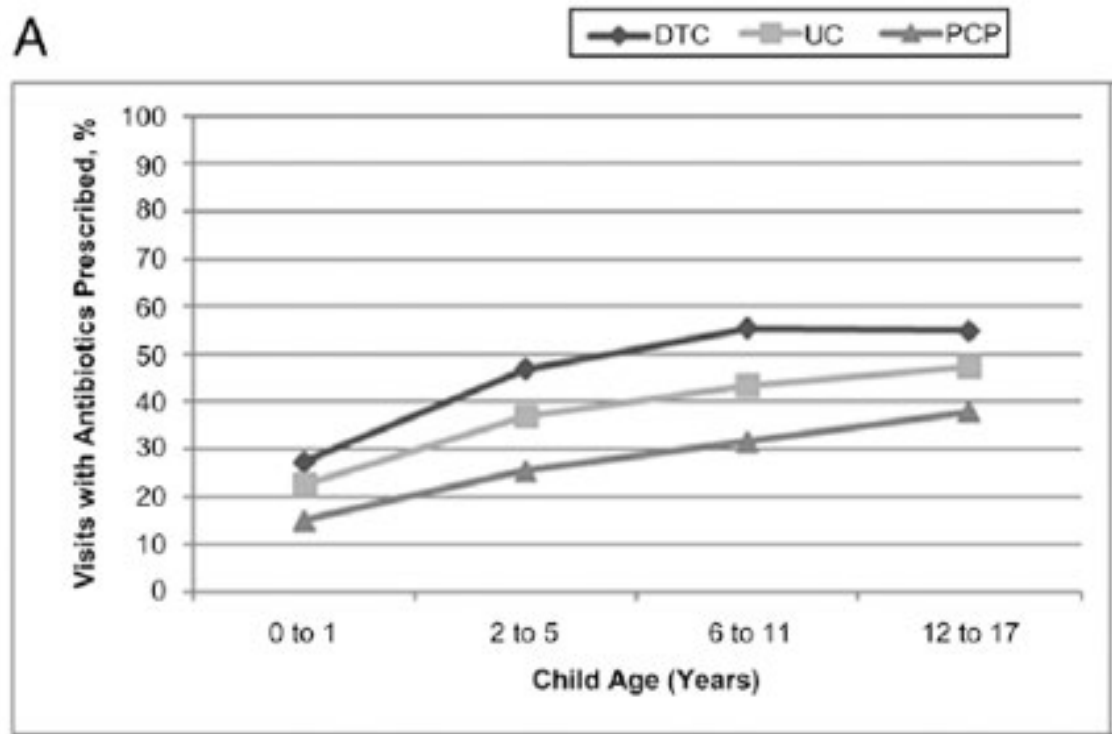
Association Between Antibiotic Prescribing for Respiratory Tract Infections and Patient Satisfaction in Direct-to-Consumer Telemedicine

Figure. Association Between Antibiotic Prescribing for Respiratory Tract Infections and Satisfaction Scores, by Physician



Antibiotic Prescribing During Pediatric Direct-to-Consumer Telemedicine Visits

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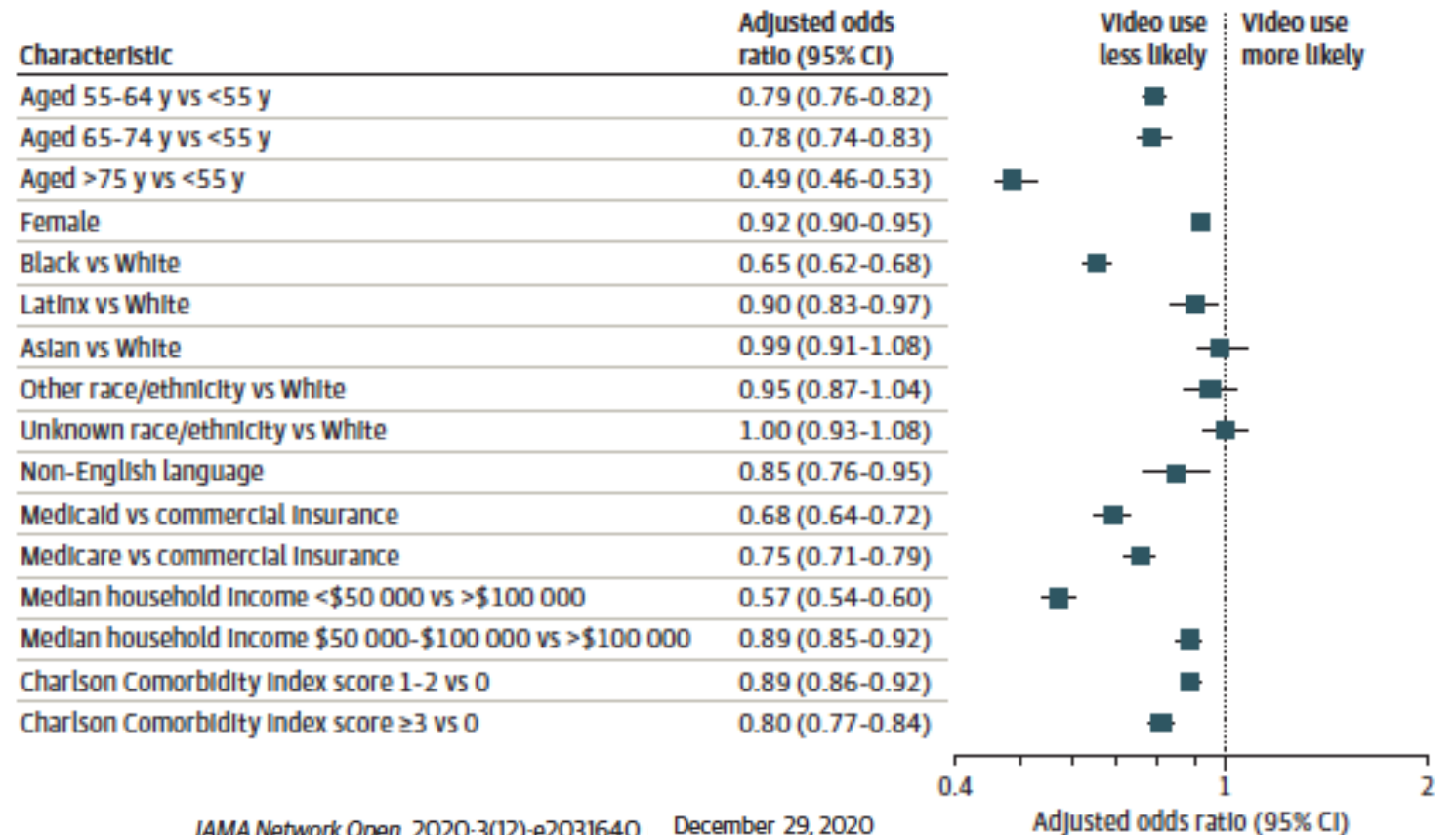




Patient Characteristics Associated With Telemedicine Access for Primary and Specialty Ambulatory Care During the COVID-19 Pandemic

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Figure 2. Forest Plots Showing Adjusted Odds Ratios for Video Use for Telemedicine Visit





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Thank you!

